



OFFICE USE ONLY

SURNAME:

MEMBER NO:

NEW MEMBERSHIP APPLICATION FORM 2025

CONTACT DETAILS (Please write clearly)

Title: Mr Mrs Dr Ms other (circle)

Last Name:

Preferred First Name:

Registered First Name :

Postal Address:

Mobile: Home Phone:

Email:

By providing my email address I give permission for this to be used for U3A Riverland communications.

Do you have Ambulance Cover?: Yes No

If ambulance needs to be called and member not covered, it will be at member's cost.

Male:..... (tick) Female:..... (tick) Year of birth:

EMERGENCY CONTACT:

Person to phone: Phone No:

ANNUAL MEMBERSHIP FEES – Expiry date of membership: 31 December 2025

Per Person \$35 (Full Year) \$25 (from July 1 2025) \$15 Term 4 only

Sign

Declaration: I give permission for my photo to be used for promotional purposes for U3A Riverland. YES/NO

PAYMENT METHOD: CASH or CHEQUE (Please make cheque payable to "U3A Riverland Inc").

Post to: Treasurer U3A Riverland Inc, PO Box 1100, RENMARK SA 5341

ELECTRONICALLY: Name: U3A Riverland Inc BSB: 105-035 A/c No: 053462740

Please include **YOUR NAME** in the "description" so it is evident who made the payment.

Receipts issued only on request.

OFFICE USE ONLY						
Payment:	Signature:	Amount:			Method:	
		\$35	\$25	\$15	Cash	Ch BSB